#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 ACCOUNT# 2 Total pages filed: The C/OH INSTRUCTION GUIDE explains how to complete (Ethics Commission filers) this form. 45 CANDIDATE /. MS/MRS/MR OFFICE USE ONLY OFFICEHOLDER Annise NAME Date Received LAST NICKNAME SUFFIX Parker ADDRESS / PO BOX; APT / SUITE #: 4 CANDIDATE/ STATE: ZIP CODE OFFICEHOLDER P.O. Box 66513 Houston, TX 77266 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER (713) 522-9000 PHONE 6 CAMPAIGN MS / MRS / MR FIRST м **TREASURER** Kathy NAME Date Imaged NICKNAME LAST SUFFIX Hubbard STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE; TREASURER 2615 Montrose Blvd Houston, TX 77006 **ADDRESS** (Residence or business AREA CODE PHONE NUMBER CAMPAIGN EXTENSION TREASURER (713 )522-9000 PHONE 9 REPORTTYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 Exceeded \$500 limit Bth day before election Final report (Attach C/OH - FR) 10 PERIOD COVERED **THROUGH** /06 6 / 30 / 06 **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Day Primary Runoff General 3pecial OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) City Controller 14 NOTICE Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **CAMPAIGN EXPENDITURE** BY OTHER **INDIVIDUALS** Address / PO Box; Apt. / Suite #; City; State; Zip Code additional pages **GO TO PAGE 2**

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

# FORM C/OH

			COVER SHEET PG Z	
15 C/OH NAME Anr	nise Parker		16ACCOUNT # (Ethics Commission filore)	
17 NOTICE FROM POLITICAL	•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to repthis information only if they receive notice of such expenditures.			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
	J SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	·	
Bdditional pages		COMMITTEE CAMPAIGN TREASURER NAME	•	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 54,560.00	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 13,451.50	
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 187,334.27	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Notary Public, State of Texas My Commission Expires  JULY 15, 2010				
AFFIX NOTARY STAMP	/ SEAL ABOVE	Signature of Candida	te or Officeholder	
Sworn to and subscribed before me, by the said Annise D. Parker, this the 17th day of July 2006, to certify which, witness my hand and seal of office.				
Andres Cs Signature of officer adn			tary Public of officer administering oath	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOF	SCHEDULE A
The Instruction	on Guide explains how to complete this form.	1 Total pages this sche	dule A: 29
2 FILER NAM	Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 1/13/2006	5 Full Name of Contributor:out of state PAC (ID#	contribution (\$);	8 In kind contribution description (if applicable)
9 Principal	occupation \ Job title (See Instructions)   10 Employe	er (See Instructions):	
4 Date 1/27/2006	5 Full Name of Contributor:out of state PAC (ID#  Josephine Guery Nelson  6 Contributor Address: City, State, Zip Code	contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 2/14/2006	5 Full Name of Contributor:out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable):
9 Principal c	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	<u> </u>
4 Date 2/14/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	r (See Instructions):	
4 Date 2/14/2006	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	<del></del>

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOI	SCHEDULE A
The Instruction	n Guide explains how to complete this form.	1 Total pages this sche	edule A: 29
2 FILER NAM	E: Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 2/14/2006	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
9 Principal	occupation \ Job title (See Instructions) 10 Em	nployer (See Instructions):	
4 Date 2/14/2006	5 Full Name of Contributor: —Jout of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal of	occupation \ Job title (See Instructions) 10 Em	ployer (See Instructions):	<u></u>
4 Date 2/14/2006	5 Full Name of Contributor: Dout of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Em	ployer (See Instructions):	
4 Date 2/15/2006	5 Full Name of Contributor:out of state PAC (ID# Sara Lou Brown 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Emp	oloyer (See Instructions):	
4 Date 2/15/2006	5 Full Name of Contributor:out of state PAC (ID# Scott J. Atlas  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Emp	loyer (See Instructions):	

Texas Ethics Co	mmission P.O. Box 12070 Austin, Texas 78711-2070	0 (512) 46	3-5800 1-800-325-8506
	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOI	SCHEDULE A
The Instruction	n Guide explains how to complete this form.	1 Total pages this sche	edule A: 29
2 FILER NAM	E: Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 2/15/2006	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
	6 Contributor Address: City, State, Zip Code	,	
9 Principal o		(See Instructions):	
4 Date 2/15/2006	5 Full Name of Contributor:out of state PAC (ID# Steven A Jarvis	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
	6 Contributor Address: City, State, Zip Code		f   
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 2/15/2006	5 Full Name of Contributor: — Jout of state PAC (ID# Adrian Neil Havens	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code	\$100.00	 
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	<u></u>
4 Date 2/15/2006	5 Full Name of Contributor: — out of state PAC (ID#  C. Mike Garver	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer (	See Instructions):	
4 Date 2/15/2006	5 Full Name of Contributor:out of state PAC (ID# John S.W. Kellett	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
		#4.000.00	

10 Employer (See Instructions):

Zip Code

6 Contributor Address:

9 Principal occupation \ Job title (See Instructions)

City, State,

l	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOF	SCHEDULE A R FORMS C/OH and SPAC)
The instruction	on Guide explains how to complete this form.	1 Total pages this sche	dule A: 29
2 FILER NAM	Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 2/15/2006	5 Full Name of Contributor: ☐out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	<u> </u>
4 Date 2/15/2006	5 Full Name of Contributor: Jout of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal of	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 2/15/2006	5 Full Name of Contributor:lout of state PAC (ID#	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution description (if applicable)
9 Principal o	occupation \ Job title (See Instructions) 10 Employer	r (See Instructions):	
4 Date 2/16/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 2/16/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOF	SCHEDULE A
The Instruction	on Guide explains how to complete this form.	1 Total pages this sche	dule A: 29
2 FILER NAM	Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 2/16/2006	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
9 Principal	occupation \ Job title (See Instructions) 10 Empl	loyer (See Instructions):	ĺ
4 Date 2/16/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Emplo	oyer (See Instructions):	
4 Date 2/16/2006	5 Full Name of Contributor: —Jout of state PAC (ID#	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Emplo	oyer (See Instructions):	
4 Date 2/16/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Emplo	oyer (See Instructions):	
4 Date 2/16/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employ	yer (See Instructions):	

\$500.00  9 Principal occupation \ Job title (See Instructions)  10 Employer (See Instructions):  4 Date		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(6.12)	SCHEDULE A  FORMS C/OH and SPAC)
4 Date 2/16/2006  5 Full Name of Contributor:	The Instruction	on Guide explains how to complete this form.	1 Total pages this sche	dule A: 29
2/16/2006   Susan A. Lieberman   Contribution (\$):   \$500.00	2 FILER NAM	Annise Parker	3 ACCOUNT # (Ethics (	Comission filers)
9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions): 4 Date 2/16/2006 S Full Name of Contributor:		Susan A. Lieberman	contribution (\$):	
4 Date 2/16/2006  5 Full Name of Contributor:		6 Contributor Address: City, State, Zip Code		 
2/16/2006 Kenneth W Ulmer 6 Contributor Address: City, State, Zip Code 9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions): 4 Date 2/17/2006 Louis Macey Investments 9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):  4 Date 2/17/2006 Secupation \ Job title (See Instructions) 10 Employer (See Instructions):  4 Date 2/17/2006 Secupation \ Job title (See Instructions) 10 Employer (See Instructions):  4 Date 2/17/2006 Secupation \ Job title (See Instructions) 10 Employer (See Instructions):  5 Full Name of Contributor: Secupation \ Job title (See Instructions) 10 Employer (See Instructions):  6 Contributor Address: City, State, Zip Code  9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):  5 Full Name of Contributor: Secupation \ Job title (See Instructions) 10 Employer (See Instructions):  6 Contributor Address: City, State, Zip Code  9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):  5 Full Name of Contributor: Secupation \ Job title (See Instructions) 10 Employer (See Instructions):  6 Contributor Address: City, State, Zip Code  7 Amount of contribution (if applicable): Secupation	9 Principal	occupation \ Job title (See Instructions)   10 Employe	r (See Instructions):	I.
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4 Date 2/17/2006  5 Full Name of Contributor:	· .	6 Contributor Address: City, State, Zip Code		
2/17/2006  Louis Macey Investments  6 Contributor Address: City, State, Zip Code  9. Principal occupation \ Job title (See Instructions)  10 Employer (See Instructions):  4 Date 2/17/2006  5 Full Name of Contributor: Occupation \ Job title (See Instructions)  6 Contributor Address: City, State, Zip Code  9 Principal occupation \ Job title (See Instructions)  10 Employer (See Instructions):  8 In kind contribution description (if applicable):  9 Principal occupation \ Job title (See Instructions)  10 Employer (See Instructions):  4 Date 2/17/2006  6 Contributor Address: City, State, Zip Code  7 Amount of contribution (\$):  8 In kind contribution description (if applicable):  9 Principal occupation \ Job title (See Instructions)  10 Employer (See Instructions):	9 Principal o	occupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 2/17/2006  5 Full Name of Contributor:		Louis Macey Investments  6 Contributor Address: City, State, Zip Code	contribution (\$):	
2/17/2006  Mayer, Brown, Rowe & Maw, LLP  6 Contributor Address: City, State, Zip Code  9 Principal occupation \ Job title (See Instructions)  10 Employer (See Instructions):  4 Date 2/17/2006  5 Full Name of Contributor:	9. Principal o	occupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 2/17/2006  5 Full Name of Contributor:		Mayer, Brown, Rowe & Maw, LLP  6 Contributor Address: City, State, Zip Code	contribution (\$):	
2/17/2006 Planned Parenthood of Hous. & SE TX Action Fnd contribution (\$):  6 Contributor Address: City, State, Zip Code	9 Principal o	occupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
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	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	- (FOI	SCHEDULE A
The Instruction	n Guide explains how to complete this form.	1 Total pages this sche	edule A: 29
2 FILER NAM	Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 2/17/2006	5 Full Name of Contributor: Out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable)
	6 Contributor Address: City, State, Zip Code	\$300.00	
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	yer (See Instructions):	
4 Date 2/17/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable)
9 Principal o	ccupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):	.i.
4 Date 2/17/2006	5 Full Name of Contributor:out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable)
9 Principal o	ccupation \ Job title (See Instructions) 10 Employ	rer (See Instructions):	Í.
4 Date 2/17/2006	5 Full Name of Contributor:out of state PAC (ID# Lee L. Kaplan	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code	\$250.00	
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	<u> </u>
4 Date	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):

Zip Code

10 Employer (See Instructions):

\$500.00

6 Contributor Address:

9 Principal occupation \ Job title (See Instructions)

City, State,

2/18/2006

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	· (FOF	SCHEDULE A R FORMS C/OH and SPAC)
The Instructio	n Guide explains how to complete this form.	1 Total pages this sche	dule A: 29
2 FILER NAM	E: Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 2/18/2006	5 Full Name of Contributor: —out of state PAC {ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)   10 Empl	oyer (See Instructions):	
4 Date 2/18/2006	5 Full Name of Contributor:out of state PAC (ID#  Donald Glenn Upchurch  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Emplo	oyer (See Instructions):	I
4 Date 2/18/2006	5 Full Name of Contributor:lout of state PAC (ID#	7. Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Emplo	oyer (See Instructions):	
4 Date 2/18/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Emplo	yer (See Instructions):	
4 Date 2/18/2006	5 Full Name of Contributor:out of state PAC (ID#  Garnet F. Coleman Campaign  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal of	ccupation \ Job title (See Instructions) 10 Emplo	yer (See Instructions):	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (FOR			SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	lule A: 29
2 FILER NAME	E Annise Parker	3 ACCOUNT # (Ethics C	Comission filers)
4 Date 2/19/2006	5 Full Name of Contributor:out of state PAC (ID# Joseph Bradley Nagar '  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 2/20/2006	5 Full Name of Contributor:out of state PAC (ID#  Evelyn B. Shanley  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 2/20/2006	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 2/20/2006	5 Full Name of Contributor:out of state PAC (ID#  Geoffrey K. Walker  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 2/21/2006	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	

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	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOF	SCHEDULE A
The Instruction	n Guide explains how to complete this form.	1 Total pages this sche	dule A: 29
2 FILER NAM	Annise Parker	3 ACCOUNT # (Ethics	
4 Date 2/21/2006	5 Full Name of Contributor: —Jout of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	<u> </u>
4 Date 2/21/2006	5 Full Name of Contributor:out of state PAC (ID# Chris Hageney  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable)
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 2/21/2006	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
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4 Date 2/22/2006	5 Full Name of Contributor: —Jout of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
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# ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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The Instruction	n Guide explains how to complete this form.	1	Total pages this sched	dule A: 29
2 FILER NAM	Annise Parker	3	ACCOUNT # (Ethics (	Comission filers)
4 Date 2/22/2006	5 Full Name of Contributor: — Out of state PAC (ID Kathryn L. E. Rabinow  6 Contributor Address: City, State, Zip Code	•	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10	Employer (	See Instructions):	
4 Date 2/22/2006	5 Full Name of Contributor: Jout of state PAC (ID Jeanne McIntyre Gillen  6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10	Employer (	See Instructions):	
4 Date 2/23/2006	5 Full Name of Contributor: —lout of state PAC (ID: Gilbert A. Garcia 6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer (	See Instructions):	
4 Date 2/23/2006	5 Full Name of Contributor: ☐out of state PAC (ID: Linebarger Goggan Blair, & Sampson, LLP  6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer (	See Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor: — out of state PAC (ID# Anthony R Chase 6 Contributor Address: City, State, Zip Code	¥	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer (S	See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A R FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sche	dule A: 29
2 FILER NAM	Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 3/1/2006	5 Full Name of Contributor: — out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor:	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor:out of state PAC (ID# Mai Tran	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
1	6 Contributor Address: City, State, Zip Code		 
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor: — Oout of state PAC (ID#  J. Nixon Wheat  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal oc	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	

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	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	•	(FOR	SCHEDULE A R FORMS C/OH and SPAC)
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2 FILER NAM	E: Annise Parker	3	ACCOUNT # (Ethics (	Comission filers)
4 Date 3/1/2006	5 Full Name of Contributor: Out of state PA	C (ID#	— 7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
	6 Contributor Address: City, State, Zip C	ode		 
9 Principal o	occupation \ Job title (See Instructions)	0 Employer (S	ee Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor: ☐out of state PAI Ralph C. Lasher	C (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
	6 Contributor Address: City, State, Zip C	ode		 
9 Principal o	occupation \ Job title (See Instructions)	0 Employer (S	ee Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor: —Jout of state PAC  Jereme Scott	C (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
	6 Contributor Address: City, State, Zip Co	ode	·	   
9 Principal o	ccupation \ Job title (See Instructions)	Employer (So	ee Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor: —Jout of state PAC George Gee	(ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Co	de		
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer (Se	ee Instructions):	

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#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(5/2) 40 (FOF	SCHEDULE A R FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sche	edule A: 29
2 FILER NAME	E: Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 3/1/2006	5 Full Name of Contributor:out of state PAC (ID#_Elizabeth S. Kaled 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal c		Employer (See Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor: —out of state PAC (ID#_  Jeffrey P. Gerber  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal o	A STATE OF THE PARTY OF THE PAR	imployer (See Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor: —out of state PAC (ID#_ Benjamin \$ Warren	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		   
9 Principal o	occupation \ Job title (See Instructions) 10 Er	mployer (See Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
			1
9 Principal oc	ccupation \ Job title (See Instructions) 10 En	mployer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor:out of state PAC (ID# Susan Clayton Garwood  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal oc	ccupation \ Job title (See Instructions) 10 Em	nployer (See Instructions):	

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	(FOF	SCHEDULE A R FORMS C/OH and SPAC)
The instruc	tion Guide explains how to complete this form.	1 Total pages this sche	dule A: 29
2 FILER N	Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 3/2/200	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principa	al occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 3/2/200	5 Full Name of Contributor:out of state PAC {ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principa	l occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	<u></u>
4 Date 3/2/200	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	250 Annual Control only, Clark, 2p Code		    -
9 Principa	occupation \ Job title (See Instructions) 10 Employer	r (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor:out of state PAC (ID# Michael Shane McCardell  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principa	occupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: Sout of state PAC (ID# Helen I. Hodges 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (If applicable):
9 Principal	occupation \ Job title (See Instructions)   10 Employer	(See Instructions):	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	S	(FOF	SCHEDULE A R FORMS C/OH and SPAC)
The Instruction	on Guide explains how to complete this form.	1	Total pages this sche	dule A: 29
2 FILER NAM	Annise Parker	3	ACCOUNT # (Ethics	Comission filers)
4 Date 3/2/2006		ie PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal	occupation \ Job title (See Instructions)	10 Employer (	See Instructions):	
4 Date 3/2/2006		e PAC (ID#ip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal	occupation \ Job title (See Instructions)	10 Employer (\$	See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: —out of state Scott F. Basinger M.D.  6 Contributor Address: City, State, Zi	p Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal	occupation \ Job title (See Instructions)	10 Employer (S	See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: —out of state Kathryn A. Elek  6 Contributor Address: City, State, Zig	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal	occupation \ Job title (See Instructions)	10 Employer (S	ee Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: Out of state Katherine A. Caldwell  6 Contributor Address: City, State, Zig	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)	10 Employer (S	ee Instructions):	

4 Date 3/2/2006	5 Full Name of Contributor:out of state PAC (ID# Doreen N. Stoller	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code	\$100.00	! 
9 Principal	occupation \ Job title (See Instructions)   10 Employe	er (See Instructions):	

4 Date 3/2/2006	5 Full Name of Contributor: — Out of state PAC (ID# Ronald B. Rea PhD	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		
9 Principal c	occupation \ Job title (See Instructions) 10 Employer (S	Gee Instructions):	

4 Date 3/2/2006	5 Full Name of Contributor: —lout of state PAC (ID# Claude Rennie Glover	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		[   
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer (	See Instructions):	

4 Date 3/2/2006	5 Full Name of Contributor: — out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code	\$50.00	 
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer (See	e Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	SCHEDULE A  (FOR FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this schedule A: 29
2 FILER NAM	E: Annise Parker	3 ACCOUNT # (Ethics Comission filers)
4 Date 3/2/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$): \$100.00  8 In kind contribution description (if applicable):
9 Principal	occupation \ Job title (See Instructions) 10 Employ	yer (See Instructions):
4 Date 3/2/2006	5 Full Name of Contributor:out of state PAC (ID# Twilight S. Freedman  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):  \$ In kind contribution description (if applicable):
9 Principal	occupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):
4 Date 3/2/2006	5 Full Name of Contributor:lout of state PAC (ID#	7 Amount of contribution (\$): \$ \$ In kind contribution description (if applicable):
9 Principal of	accupation \ Job title (See Instructions) 10 Employ	er (See Instructions):
4 Date 3/2/2006	5 Full Name of Contributor: — Out of state PAC (ID# Kathie Easterly	7 Amount of contribution (\$): \$ 8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code	
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):
4 Date 3/2/2006	5 Full Name of Contributor:out of state PAC (ID#  Meredith Lynn Johnson  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$50.00
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):

ı		AL CONTRIBUTIONS THAN PLEDGES OR LOANS		(FOF	SCHEDULE A R FORMS C/OH and SPAC)
T	he instruction	n Guide explains how to complete this form.	·	1 Total pages this sched	dule A: 29
2	FILER NAM	E: Annise Parker		3 ACCOUNT # (Ethics (	Comission filers)
4	Date 3/2/2006	5 Full Name of Contributor: ☐out of state PAC Marlon S. Friedman  6 Contributor Address: City, State, Zip Co		7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9	Principal o	occupation \ Job title (See Instructions)	) Employer	(See Instructions):	
4	Date 3/2/2006	5 Full Name of Contributor: — out of state PAC Carlos Sharpless 6 Contributor Address: City, State, Zip Coo		7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
9	Principal o	occupation \ Job title (See Instructions) 10	Employer	(See Instructions):	
4	Date 3/2/2006	5 Full Name of Contributor: —out of state PAC ( David M. Mincberg  6 Contributor Address: City, State, Zip Coo		7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9	Principal o	ccupation \ Job title (See Instructions) 10	Employer	(See Instructions):	
4	Date 3/2/2006	5 Full Name of Contributor: —out of state PAC (I Ellen R. Cohen  6 Contributor Address: City, State, Zip Cod		7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9	Principal o	ccupation \ Job title (See Instructions) 10	Employer	(See Instructions):	
4	Date 3/2/2006	5 Full Name of Contributor: —out of state PAC (II  Norma Gertrude Acker  6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9	Principal or	occupation \ Job title (See Instructions) 10	Employer	(See Instructions):	

l .	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOF	SCHEDULE A
The Instruction	on Guide explains how to complete this form.	1 Total pages this sche	dule A: 29
2 FILER NAM	Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 3/2/2006	5 Full Name of Contributor: — Jout of state PAC (ID# Travis Shelve	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code		
9 Principal	occupation \ Job title (See Instructions) 10 Emp	ployer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor:lout of state PAC (ID# David Stone	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code	\$50.00	 
9 Principal o	occupation \ Job title (See Instructions) 10 Emp	oloyer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: — out of state PAC (ID#	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Emp	loyer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor:out of state PAC (ID# Centerpoint Energy PAC - Texas  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)   10 Empl	loyer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: — Oout of state PAC (ID#	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Emplo	oyer (See Instructions):	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instructio	n Guide explains how to complete this form.	1 Total pages this sche	dule A: 29
2 FILER NAM	Annise Parker	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 3/2/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	1
4 Date 3/2/2006	5 Full Name of Contributor:	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor:out of state PAC (ID#  Teresa Coleman  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	

l	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOI	SCHEDULE A R FORMS C/OH and SPAC)
The Instruction	on Guide explains how to complete this form.	1 Total pages this sche	dule A: 29
2 FILER NAM	Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 3/2/2006	5 Full Name of Contributor: Out of state PAC (IE  Andrew J Brickell  6 Contributor Address: City, State, Zip Code	contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal	occupation \ Job title (See Instructions) 10	Employer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: Out of state PAC (ID Dorothy Funk-Werblo  6 Contributor Address: City, State, Zip Code	contribution (\$):	8 In kind contribution description (if applicable):
9 Principal	occupation \ Job title (See Instructions) 10	Employer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: ————————————————————————————————————	contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		 
9 Principal o	occupation \ Job title (See Instructions) 10	Employer (See Instructions):	<u>.</u>
4 Date 3/2/2006	5 Full Name of Contributor: — Dout of state PAC (ID# Tony R. Carroll  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10	Employer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: Out of state PAC (ID#, Locke Liddell & Sapp LLP  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 E	Employer (See Instructions):	

<b>]</b>	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instructio	n Guide explains how to complete this form.	1 Total pages this schee	dule A: 29
2 FILER NAM	E: Annise Parker	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 3/2/2006	5 Full Name of Contributor:lout of state PAC (ID#	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Emplo	oyer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: — Out of state PAC (ID#	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Emplo	yer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	·8 In kind contribution description (if applicable) :
· 	6 Contributor Address. City, State, ZIp Code		
9 Principal o	occupation \ Job title (See Instructions) 10 Emplo	yer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employ	yer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):	

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#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	lule A: 29
2 FILER NAME	Annise Parker	3 ACCOUNT # (Ethics C	Comission filers)
4 Date 3/2/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		   
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		)   
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: — Out of state PAC (IDB	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
,	6 Contributor Address: City, State, Zip Code		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	r (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: ☐out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		  - 
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: ☐out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(51 <u>2)</u> 46	SCHEDULE A R FORMS C/OH and SPAC)
The Instructio	on Guide explains how to complete this form.	1 Total pages this sche	dule A: 29
2 FILER NAM	Annise Parker	3 ACCOUNT # (Ethics	Comission filers)
4 Date 3/2/2006	5 Full Name of Contributor: — Ocut of state PAC (ID#_M. Sandra Scurria M.D.  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal	occupation \ Job title (See Instructions) 10 E	mployer (See Instructions):	1
4 Date 3/2/2006	5 Full Name of Contributor: —lout of state PAC (ID#_Ned S Holmes	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code		 
9 Principal o	occupation \ Job title (See Instructions) 10 E	mployer (See Instructions):	
4 Date 3/3/2006	5 Full Name of Contributor: — Out of state PAC (ID#_ Carol Elizabeth Gradziel	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
,	6 Contributor Address: City, State, ZIp Code .	***************************************	 
9 Principal o	occupation \ Job title (See Instructions) 10 Er	mployer (See Instructions):	
4 Date 3/3/2006	5 Full Name of Contributor:out of state PAC (ID# Charles C. Foster	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		; ;   
9 Principal o	ccupation \ Job title (See Instructions) 10 En	nployer (See Instructions):	
4 Date 3/4/2006	5 Full Name of Contributor: — Jout of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		
9 Principal of	ccupation \ Job title (See Instructions) 10 Em	ployer (See Instructions):	:

ſ	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(512) 40.	SCHEDULE A FORMS C/OH and SPAC)
The instructi	on Guide explains how to complete this form.	1 Total pages this sched	dule A: 29
2 FILER NAI	ME: Annise Parker	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 3/4/2006	Flaine Gonzalez	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 3/4/2006	5 Full Name of Contributor:   Out of state PAC (ID#	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
9 Principal		er (See Instructions):	
4 Date 3/4/2006	5 Full Name of Contributor: — Oout of state PAC (ID# Victoria E. Mournian  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal		er (See Instructions):	
4 Date 3/4/2006	5 Full Name of Contributor:out of state PAC (ID# Kelly Gale Amen	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 3/4/2006	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		
9 Principal c	occupation \ Job title (See Instructions) 10 Employer	r (See Instructions):	

**Texas Ethics Commission** 

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	SCHEDULE A (FOR FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pagés this schedule A: 29
2 FILER NAM	E: Annise Parker	3 ACCOUNT # (Ethics Comission filers)
4 Date 3/4/2006	5 Full Name of Contributor:out of state PAC (ID# Teresa Coleman  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$500.00
9 Principal o	occupation \ Job title (See Instructions) 10 En	nployer (See Instructions):
4 Date 3/4/2006	5 Full Name of Contributor:out of state PAC (ID#  J David Ahola  6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$ In kind contribution (description (if applicable): \$100.00
9 Principal o	occupation \ Job title (See Instructions) 10 Em	nployer (See Instructions):

Schedule A1 Report Total:

\$54,560.00

POLITIC	CAL EXPENDITURES		78711-2070	(512) 463-5800	1-800-325-8506 SCHEDULE F
THE INSTRUC	CTION GUIDE explains how to comple	te this form.		Total pages Schedu	le F Page 1
FILER NAME	Annise Parker		***************************************	ACCOUNT # (Ethics	_
Date 1/4/2006	Payee Name Sprint				Amount (\$)
	Payee address	City;	State;	Zip Code	\$56.61
	P.O. Box 54677	Los Angeles	CA	90054	·
Purpose of pay (required) Telepho	ment (See instructions regarding type	of information	** Comple Candidate / Office	le if direct expenditures t eholder name Of	o benefit C/OH **  ffice sought Office held
Date	Payee Name				Amount
2/9/2006	Kathryn C. McNiel				(\$)
	Payee address	City;	State;	Zip Code	\$1,000.00
	P. O. Box 131835	Houston	TX	77219	
(required)  Consulti	ment (See instructions regarding type	- · · · · · · · · · · · · · · · · · · ·	Candidate / Office	e if direct expenditures to eholder name Of	ice sought Office held
Date	Payee Name				Amount
2/9/2006	Deluxe Corporation				(\$)
	Payee address	City;	State;	Zip Code	\$288.66
	3680 Victoria Street N.	Shoreview	MN	55126	
Purpose of payr (required) Checks	ment (See instructions regarding type	of information	** Complete Candidate / Office	e if direct expenditures to holder name Off	benefit C/OH ** ice sought Office held
Date	Payee Name				Amount
2/10/2006	Washington Mutual				(\$)
	Payee address	City;	State;	Zip Code	\$20.00
	1934 W Gray St	Houston	TX	77019	
Purpose of paym (required) Banking	nent (See instructions regarding type o	of information	** Complete Candidate / Officel	if direct expenditures to nolder name Offi	benefit C/OH ** ce sought Office held
	****		<del> </del>		

THE INSTRU	CTION GUIDE explains how to complete	this form.		Total pages Sch	edule F Page 2
FILER NAME	Annise Parker		· · · · ·	ACCOUNT # (Et	hics Commission filers)
Date 2/10/2006	Payee Name League of Women Voters Ed	ducation Fund			Amount (\$)
	Payee address	City;	State;	Zip Code	\$875.00
	2650 Fountainview, #328	Houston	TX	77057	
Purpose of par (required)	yment (See instructions regarding type o	f Information	** Comp Candidate / Off	lete if direct expenditur	es to benefit C/OH **  Office sought Office held
Sponso	prship				
Date	Payee Name	<del></del>	<del></del>		Amount
2/24/2006	Ying-Tsun Amy Lin				(\$)
	Payee address	City;	State;	Zip Code	\$450.00
	7822 Twin Hills Drive	Houston	TX	77071	
ourpose of pay required)	yment (See instructions regarding type of	finformation	1	ete if direct expenditure	
required) Data Er	ntry	finformation	** Compl Candidate / Offi		es to benefit C/OH **  Office sought Office held
required)	Payee Name	finformation	1		
required)  Data Er	ntry	f Information	1	ceholder name	Office sought Office held  Amount (\$)
required)  Data Er	Payee Name Garnet Coleman Campaign		Candidate / Offi		Office sought Office held  Amount
Data Er	Payee Name Garnet Coleman Campaign Payee address	City; Houston	Candidate / Offi	Zip Code 77288	Amount (\$) \$500.00
Data Er Date B/1/2006	Payee Name Garnet Coleman Campaign Payee address P. O. Box 88140 ment (See instructions regarding type of	City; Houston	State;	Zip Code 77288	Amount (\$) \$500.00
Data Er Date B/1/2006 Purpose of payrequired)	Payee Name Garnet Coleman Campaign Payee address P. O. Box 88140 ment (See instructions regarding type of	City; Houston	State;	Zip Code 77288	Amount (\$) \$500.00
Data Er Date B/1/2006  Purpose of pay required)  Contribution	Payee Name Garnet Coleman Campaign Payee address P. O. Box 88140  ment (See instructions regarding type of	City; Houston	State;	Zip Code 77288	Amount (\$)  s to benefit C/OH ** Office sought  Amount (\$)
Data Er Date B/1/2006 Purpose of payrequired) Contribu	Payee Name Garnet Coleman Campaign Payee address P. O. Box 88140  ment (See instructions regarding type of ution  Payee Name Don Carlos Catering	City; Houston information	State; TX ** Comple Candidate / Office	Zip Code 77288 ete if direct expenditure seholder name	Amount (\$)  \$500.00  s to benefit C/OH *** Office sought Office held
Data En Date B/1/2006  Purpose of pay required)  Contributed	Payee Name Garnet Coleman Campaign Payee address P. O. Box 88140  ment (See instructions regarding type of ution  Payee Name Don Carlos Catering Payee address 1445 Yale  ment (See instructions regarding type of ution)	City; Houston information City; Houston	State; TX ** Comple Candidate / Office State; TX	Zip Code 77288  Ste if direct expenditure scholder name  Zip Code 77008	Amount (\$)  s to benefit C/OH ** Office sought Office held  Amount (\$)  \$292.28

OLITIC	CAL EXPENDITURES				COUEDINE D
					SCHEDULE F
THE INSTRUC	CTION GUIDE explains how to comple	ete this form.		Total pages Sche	dule F Page 3
FILER NAME	Appine Derker	· <u>·</u>		ACCOUNT # (Eth	ics Commission filers)
Date	Annise Parker	<u> </u>			
3/1/2006	Grant Martin Consulting				Amount (\$)
	Payee address	City;	State;	Zip Code	\$513.69
	1708 Broderick Street	San Francisco	CA CA	94115	
(required)	yment (See instructions regarding type	of information		lete if direct expenditure iceholder name	s to benefit C/OH ** Office sought Office held
D-1-					
Date 3/1/2006	Payee Name InfoVine				Amount (\$)
	Payee address	City;	· · · · · · · · · · · · · · · · · · ·	Zip Code	
	P. O. Box 2706	Houston	State;		\$1,844.61
	1 . O. BOX 2700	Housion	TX	77252	
7					
(required)	ment (See instructions regarding type	of information	** Compl Candidate / Offi	ete if direct expenditures ceholder name	s to benefit C/OH ** Office sought Office held
required) Postage		of information			Office sought Office held  Amount
(required) Postage	e & Mailhouse	of information			Office sought Office held
(required) Postage	e & Mailhouse	of information			Office sought Office held  Amount
(required)	Payee Name FedEx Kinko's	*	Candidate / Offi	ceholder name	Office sought Office held  Amount (\$)
Postage Date 3/1/2006	Payee Name FedEx Kinko's Payee address	City; Houston	State: TX	Zip Code 77098	Amount (\$) \$74.71
Purpose of payr	Payee Name FedEx Kinko's Payee address 2200 SW Freeway	City; Houston	Candidate / Offi	Zip Code 77098	Amount (\$) .
Postage Date 3/1/2006	Payee Name FedEx Kinko's Payee address 2200 SW Freeway	City; Houston	State: TX	Zip Code 77098	Amount (\$) \$74.71
Purpose of payr required) Shipping	Payee Name FedEx Kinko's Payee address 2200 SW Freeway	City; Houston	State: TX	Zip Code 77098	Amount (\$) \$74.71
Postage Date 3/1/2006 Purpose of payrrequired) Shipping	Payee Name FedEx Kinko's Payee address 2200 SW Freeway ment (See instructions regarding type	City; Houston	State: TX	Zip Code 77098	Amount (\$)  \$74.71  to benefit C/OH ** Office sought Office held
Postage Date 3/1/2006 Purpose of payrrequired) Shipping	Payee Name FedEx Kinko's Payee address 2200 SW Freeway  ment (See instructions regarding type	City; Houston	State: TX	Zip Code 77098  ete if direct expenditures ceholder name	Amount (\$)  to benefit C/OH ** Office sought  Amount (\$)  Amount (\$)
Postage Date 3/1/2006 Purpose of payrrequired) Shipping	Payee Name FedEx Kinko's Payee address 2200 SW Freeway  ment (See instructions regarding type  Payee Name Grant Martin Consulting	City; Houston of information	State; TX Comple Candidate / Office	Zip Code 77098	Amount (\$)  to benefit C/OH **  Office sought  Amount  Amount
Postage  Postage  Date 3/1/2006  Purpose of payrrequired)  Shipping  Date 3/1/2006	Payee Name FedEx Kinko's Payee address 2200 SW Freeway  ment (See instructions regarding type  Payee Name Grant Martin Consulting Payee address	City; Houston of information  City; San Francisco	State; TX Comple Candidate / Office State; CA	Zip Code 77098  ete if direct expenditures ceholder name  Zip Code 94115	Amount (\$)  to benefit C/OH ** Office sought Office held  Amount (\$)  Amount (\$)  \$500.00
Postage  Postage  Date 3/1/2006  Purpose of payrrequired)  Shipping  Date 8/1/2006	Payee Name FedEx Kinko's Payee address 2200 SW Freeway  ment (See instructions regarding type Grant Martin Consulting Payee address 1708 Broderick Street	City; Houston of information  City; San Francisco	State; TX Comple Candidate / Office State; CA	Zip Code 77098  ete if direct expenditures ceholder name  Zip Code 94115	Amount (\$)  to benefit C/OH ** Office sought Office held  Amount (\$)  Amount (\$)  \$500.00

Texas Ethics Co	ommission P.O. Box 12070	Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
POLITIC	AL EXPENDITURES				SCHEDULE F
	FION GUIDE explains how to complete th	is form.		Lance of the contract of the c	age 4
FILER NAME	Annise Parker			ACCOUNT # (Ethics	Commission filers)
Date	Payee Name				Amount
3/1/2006	Kathryn C. McNiel				(\$)
	Payee address	City;	State;	Zip Code	\$220.59
	P. O. Box 131835	Houston	TX	77219	·
(required)	inent (See instructions regarding type of in	nformation	** Complete Candidate / Office	e if direct expenditures to holder name Offi	benefit C/OH ** ice sought Office held
Event ex	penses				
Date	Payee Name				Amount
3/1/2006	Kathryn C. McNiel				(\$)
	Payee address	City;	State;	Zip Code	\$1,000.00
	P. O. Box 131835	Houston	TX	77219	,
Purpose of payr (required) Consultin	nent (See instructions regarding type of ir	formation	** Complete Candidate / Officel	if direct expenditures to holder name Offi	benefit C/OH ** ce sought Office held
Date	Payee Name				Amount
3/1/2006	Monarch Printing Company				(\$)
	Payee address	City:	State;	Zip Code	\$1,344.63
	6605 McGrew St	Houston	TX	77087	
Purpose of paym (required)	lent (See instructions regarding type of in	formation	** Complete Candidate / Officel	if direct expenditures to nolder name Office	benefit C/OH ** ce sought Office held
3					•
Date	Payee Name				Amount
3/8/2006	Sprint				(\$)
	Payee address	City;	State;	Zip Code	\$84.49
	P.O. Box 54677	Los Angeles	CA	90054	ψ04.40
Purpose of paym (required) Telephon	lent (See instructions regarding type of in	formation	** Complete Candidate / Officeh	if direct expenditures to lolder name Office	benefit C/OH ** ce sought Office held
			÷ <u>-</u>		

Texas Ethics (			78711-2070	(512) 463-5800	1-800-325-8506
POLITIC	CAL EXPENDITURES	3	· ·		SCHEDULE F
	CTION GUIDE explains how to compl	ete this form.		Total pages Schedul	e F rage 5
FILER NAME	Annise Parker			ACCOUNT # (Ethics	Commission filers)
Date 3/8/2006	Payee Name Kathryn C. McNiel		· , (	-	Amount (\$)
	Payee address	City;	State;	Zip Code	\$188.31
	P. O. Box 131835	Houston	TX	77219	ψ100.51
(required)	ment (See instructions regarding type)	e of information	** Comple Candidate / Offic	te if direct expenditures to eholder name Off	b benefit C/OH ** fice sought Office held
Date	Payee Name				Amount
3/11/2006	United States Treasury				(\$)
	Payee address	City;	State;	Zip Code	\$244.00
	IRS	Ogden	UT	84201	<b>V</b> =1.11 <b>0</b> 0
	DL Taxes	4	Candidate / Office	e if direct expenditures to cholder name Offi	ce sought Office held
Date 3/29/2006	Payee Name Sprint				Amount (\$)
,	Payee address	City;	State:	Zip Code	\$79.99
	P.O. Box 54677	Los Angeles	CA	90054	
(required)	ment (See instructions regarding type	of Information	** Complete Candidate / Office	e if direct expenditures to holder name Offic	benefit C/OH ** ce sought Office held
Telephor	ne .	;			
Date 3/29/2006	Payee Name Ying-Tsun Amy Lin				Amount (\$)
	Payee address	City;	State;	Zip Code	\$100.00
1	7822 Twin Hills Drive	Houston	TX	77071	<b>V.00.00</b>
Purpose of paym required) Data Entr	nent (See instructions regarding type	of information	** Complete Candidate / Officel	of direct expenditures to the notion of the name of the notion of the name of	penefit C/OH ** pe sought Office held
age 5 of 10	ATTACH ADDITIO	NAL COPIES OF THIS F	20011 10 1750 50		

POLITIC	AL EXPENDITURES				SCHEDULE F
THE INSTRUC	TION GUIDE explains how to complete this fo	orm.		Total pages Sched	ule F Page 6
FILER NAME	Annise Parker			ACCOUNT # (Ethic	s Commission filers)
Date 4/5/2006	Payee Name Grant Martin Consulting				Amount (\$)
	Payee address	City; State; Zip Cod			\$50.00
	1708 Broderick Street	San Francisco	CA CA	94115	
Purpose of pay (required) Email S	ment (See instructions regarding type of informent	mation	** Comple Candidate / Office	te if direct expenditures seholder name	to benefit C/OH **  Office sought Office held
Date	Payee Name		<del></del>		Amount
4/5/2006	Grant Martin Consulting				(\$)
	Payee address	City;	State;	Zip Code	- \$135.48
	1708 Broderick Street	San Francisco	CA	94115	
Date	adcast Service Payee Name				Amount (\$)
4/5/2006	InfoVine	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · ·		. (4)
	Payee address	City;	State;	Zip Code	\$559.87
	P. O. Box 2706	Houston	TX	77252	
(required)	ment (See instructions regarding type of Inform	mation	Comple Candidate / Offic	eholder name (	to benefit C/OH **  Office sought Office held
Date	Payee Name				Amount
4/5/2006	Network Solutions				(\$)
	Payee address	City;	State;	Zip Code	\$263.50
	10 Azalea Drive	Drums	PA	18222	
(required)	I ment (See instructions regarding type of inform e expense	mation	** Comple Candidate / Offic	te if direct expenditures eholder name C	to benefit C/OH **  Office sought Office held
Page 6 of 10	ATTACH ADDITIONAL CO	ODIES OF THIS E	ODM AS NEEDER		

Revised 11/05/2003

THE INSTRU-	CTION GUIDE explains how to com	plete this form		Total pages Schede	ule F
		piete una form.		·	Page 7
FILER NAME	Annise Parker			ACCOUNT # (Ethic	s Commission filers)
Date	Payee Name				Amount
5/3/2006	Sprint	• • • • • • • • • • • • • • • • • • • •			(\$)
	Payee address	City;	State;	Zip Code	\$90.14
	P.O. Box 54677	Los Angeles	CA	90054	
Purpose of pa (required)	yment (See instructions regarding to	/pe of information	** Compl Candidate / Offi	ete if direct expenditures ceholder name C	to benefit C/OH **  Office sought Office held
Telepho	one				
Date	Payee Name		T14		Amount
5/3/2006	Pastabilities				(\$)
	Payee address	City;	State;	Zip Code	\$457.18
	815 Walker Street	Houston	TX	77002	• • • • • • • • • • • • • • • • • • • •
					l .
(required)	ment (See instructions regarding ty	pe of information	** Compli Candidate / Offi	ete if direct expenditures ceholder name O	to benefit C/OH **  ffice sought Office held
(required)		pe of information			ffice sought Office held
(required) Employ	ee Recognition Dinner	pe of information			
(required) Employ	ee Recognition Dinner	pe of information			Amount (\$)
(required) Employ	ee Recognition Dinner Payee Name Washington Mutual	· .	Candidate / Offi	ceholder name O	ffice sought Office held  Amount
(required) Employ  Date 5/8/2006	Payee Name Washington Mutual Payee address	City: Houston	Candidate / Office	zip Code 77019	Amount (\$) \$10.00
Employ Date 5/8/2006 Purpose of pay required)	Payee Name Washington Mutual Payee address 1934 W Gray St	City: Houston	State; TX	zip Code 77019	Amount (\$) \$10.00
Employ Date 5/8/2006 Purpose of pay required) Banking	Payee Name Washington Mutual Payee address 1934 W Gray St	City: Houston	State; TX	zip Code 77019	Amount (\$) \$10.00  benefit C/OH ** fice sought Office held
Employ Date 5/8/2006 Purpose of pay required) Banking	Payee Name Washington Mutual Payee address 1934 W Gray St ment (See instructions regarding ty	City: Houston	State; TX	zip Code 77019	Amount (\$) \$10.00  benefit C/OH ** fice sought Office held
Employ Date 5/8/2006 Purpose of pay required) Banking	Payee Name Washington Mutual Payee address 1934 W Gray St  ment (See instructions regarding tyl Charges  Payee Name Sprint Payee address	City: Houston	State; TX	zip Code 77019	Amount (\$) \$10.00  benefit C/OH ** fice sought Office held
Employ Date 5/8/2006 Purpose of pay required) Banking	Payee Name Washington Mutual Payee address 1934 W Gray St  ment (See instructions regarding ty) Charges  Payee Name Sprint	City: Houston pe of information	State; TX *** Comple Candidate / Office	Zip Code 77019  Ite if direct expenditures to the scholder name  Of	Amount (\$)  should be a sought of the left
Employ Date 5/8/2006  Purpose of pay required)  Banking Date 5/31/2006	Payee Name Washington Mutual Payee address 1934 W Gray St  ment (See instructions regarding tyl Charges  Payee Name Sprint Payee address	City: Houston  pe of information  City; Los Angeles	State; TX ** Comple Candidate / Office State; CA	Zip Code 77019  Ite if direct expenditures to beholder name  Zip Code 90054	Amount (\$)  should be benefit C/OH ** fice sought Office held  Amount (\$)  Amount (\$)  \$68.22

POLITIC	Commission P.O. Boy CAL EXPENDITUR		s 78711-2070	(512) 463-58	00 1-800-325-8506 SCHEDULE F
THE INSTRUC	CTION GUIDE explains how to co	omplete this form.		Total pages So	
FILER NAME	Annise Parker	*	·	ACCOUNT # (I	Page 8
Date 6/29/2006	Payee Name Annise Parker				Amount (\$)
	Payee address 1111 Jackson	City; Houston	State; TX	Zip Code 77006	\$27.08
(required)	ment (See instructions regarding		** Comple Candidate / Office		ures to benefit C/OH **  Office sought Office held
Date 6/29/2006	Payee Name Annise Parker				Amount (\$)
	Payee address 1111 Jackson	City; Houston	State; TX	Zip Code 77006	\$210.87
(required)	ment (See instructions regarding		** Comple Candidate / Offic		ures to benefit C/OH ** Office sought Office held
Date 6/29/2006	Payee Name Annise Parker		,	· · · · · · · · · · · · · · · · · · ·	Amount (\$)
	Payee address 1111 Jackson	City; Houston	State: TX	Zip Code 77006	\$1,000.00
(required)	ment (See instructions regarding		Candidate / Offic		res to benefit C/OH **  Office sought Office held
Date 6/29/2006	Payee Name Annise Parker				Amount (\$)
,	Payee address 1111 Jackson	City; Houston	State; TX	Zip Code 77006	\$25.00
required)	nent (See instructions regarding		** Complet Candidate / Office		res to benefit C/OH **  Office sought Office held
age 8 of 10	ATTACH ADD	ITIONAL CODIES OF THIS	FORM AS MEEDED	<u> </u>	

Texas Ethics			78711-2070	(512) 463-5800	1-800-325-8506
POLITIC	CAL EXPENDITUR	ES			SCHEDULE F
THE INSTRUC	CTION GUIDE explains how to co	omplete this form.		Total pages Schedule	e F age 9
FILER NAME	Annise Parker	2	· · · · · · · · · · · · · · · · · · ·	ACCOUNT # (Ethics	
Date	Payee Name	<del></del>		<u> </u>	Amount
6/29/2006	Annise Parker				(\$)
	Payee address	City;	State;	Zip Code	\$130.59
	1111 Jackson	Houston	TX	77006	,
(required)	ment (See instructions regarding	type of information	** Complet Candidate / Office	e if direct expenditures to holder name Offi	benefit C/OH ** ice sought Office held
Date	Payee Name				
6/29/2006	Annise Parker				Amount (\$)
	Payee address	City;	State;	Zip Code	\$65.78
	1111 Jackson	Houston	TX	77006	, , , , , , , , , , , , , , , , , , , ,
	omt to Artista Restaurant -	Sched G	Candidate / Office	·	ce sought Office held
Date 6/29/2006	Payee Name				Amount
0/23/2000	Annise Parker	• • • • • • • • • • • • • • • • • • • •	••••••		(\$)
	Payee address	. City:	State;	Zip Code	\$42.75
	1111 Jackson	Houston	TX	77006	
(required)	ment (See Instructions regarding		** Complete Candidate / Officeh	if direct expenditures to colder name Office	benefit C/OH **  be sought Office held
Date	Payee Name				
6/29/2006	Annise Parker				Amount (\$)
	Payee address	City;	State;	Žip Code	¢422.40
	1111 Jackson	Houston	TX	77006	\$432.48
required)	nent (See instructions regarding to ment to Sam's Club - Sched		** Complete Candidate / Officeh	if direct expenditures to b	penefit C/OH ** e sought Office hold
			<u> </u>		

Texas Ethics C	ommission P.O. B	ox 12070 Austin, Texa	s 78711-2070	(512) 463-5800	1-800-325-8506
POLITIC	AL EXPENDITUR	RES	٠		SCHEDULE F
THE INSTRUC	TION GUIDE explains how to	complete this form.		Total pages Schedule	e F rage 10
FILER NAME	Annise Parker	-		ACCOUNT # (Ethics	Commission filers)
Date	Payee Name	-			Amount
6/29/2006	Annise Parker				(\$)
	Payee address	City;	State;	Zip Code	\$80.00
	1111 Jackson	Houston	TX	77006	
(required)	ment (See instructions regardi mt to Sprint - Sched G	ng typ <del>a</del> oi intormation	Candidate / Office	ete if direct expenditures to ceholder name Off	o benefit C/OH ** ice sought Office held
Date	Payee Name	<u> </u>			Amount
6/29/2006	Annise Parker				(\$)
	Payee address	City;	State;	Zip Code	\$124.99
	1111 Jackson	Houston	TX	77006	
(required)	nent (See instructions regardin		** Comple Candidate / Office	ete if direct expenditures to echolder name Offi	benefit C/OH ** ice sought Office held
	<del> </del>			Schedule F Report To	stal: \$13.451.50

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

THE INSTRUC	CTION GUIDE explains how to complete thi	s form.			Total pages Schedule G: 4
FILER NAME	Annise Parker		····		ACCOUNT # (Ethics Commission filers)
Date	Payee Name				Amount
2/1/2006	Artista Restaurant				(\$)
	Payee address	City;	State;	Zip Cod	\$42.75
	800 Bagby St	Houston	TX	7700	2
	Purpose of payment (See instructions information required)	regarding type of		·• · · · ·	Reimbursement from political
	League of Women Voters Pla	nning Session			contributions intended
Date	Payee Name	<u>.</u>			Amount
2/6/2006	Sam's Club				(\$)
	Payee address	City;	State;	Zip Code	\$432.48
	1615 S. Loop West	Houston	TX	7705	4
,	Purpose of payment (See instructions information required)  Water Dispensers for City	regarding type of			Reimbursement from potitical contributions intended
Date	Payee Name				Amount
2/16/2006	Sprint				(\$)
	Payee address	City;	State;	Zip Code	\$80.00
	P.O. Box 54677	Los Angeles	CA	90054	
	Purpose of payment (See instructions r information required)	egarding type of		-7.	Reimbursement from political contributions
	Telephone				Intended
Date	Payee Name				Amount
3/4/2006	EMILY's List				(\$)
	Payee address	City;	State;	Zip Code	\$1,000.00
	1120 Connecticut Avenue NW, Suite 1100	Washington	DC	20036	
	Purpose of payment (See instructions n information required)	egarding type of			X Reimbursement
	Membership				from political contributions intended
<del></del>	<u> </u>				

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

THE INSTRUC	TION GUIDE explains how to complete the	is form.		Total	pages Schedule G: 4
FILER NAME	Annise Parker		;	ACCC	OUNT # (Ethics Commission filers)
Date 3/21/2006	Payee Name Artista Restaurant		·		Amount (\$)
	Payee address	Oth.			
	800 Bagby St	City; Houston	State;	Zip Code	\$65.78
	Coo Bagby Ot	Houston	TX	77002	
	Purpose of payment (See instructions information required)	regarding type of			X Reimbursement
	Judicial reception planning m	ooting			from political contributions intended
	oddiciai reception planning n	ieeung			merided
Date	Payee Name		· · · · · · · · · · · · · · · · · · ·		Amount
4/18/2006	Kevin Parker Campaign				(\$)
	Payee address	City;	State;	Zip Code	\$250.00
	2917 Glenwood Road	Brooklyn	NY	11210	
	Purpose of payment (See instructions information required)	regarding type of			Reimbursement from political
	Contribution				contributions intended
Date	Payee Name		1		Amount
4/18/2006	Victory Fund	(\$)			
	Payee address	City;	State;	Zip Code	\$1,200.00
	P. O. Box 96308	Washington	DC	20077	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Purpose of payment (See instructions information required)	regarding type of			X Reimbursement
	Membership .				from political contributions intended
Date	Payee Name				Amount
4/27/2006	Harris County Democratic Party	,			(\$)
	Payee address		State;	Zip Code	\$420.00
	1445 North Loop West, Suite 110	Houston	TX	77008	\$120.00
	Purpose of payment (See instructions information required)	egarding type of	· ·		Reimbursement from political
	Event Sponsorship				contributions intended

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

	THOM GOIDE explains now to complete to	ilia torrii.			Total pages Schedule G: 4
FILER NAME	Annise Parker	· .	<del></del>		ACCOUNT # (Éthics Commission filers)
Date 5/4/2006	Payee Name			<u> </u>	Amount
5/4/2006	Women Professionals in Gove	. (\$)			
	Payee address	City	State;	Zip Cod	<sup>de</sup> \$25.00
	P.O. Box 1278	Houston	TX	7725	51
•	Purpose of payment (See instruction information required)	s regarding type of		· .	X Reimbursement from political contributions
i.	Luncheon				intended
Date	Payee Name				Amount
6/8/2006	Central Market				(\$)
	Payee address	City;	State:	Zip Cod	le \$124.99
	3815 Westheimer Rd	Houston	TΧ	7702	
	Purpose of payment (See instructions information required)	regarding type of	-		Reimbursement from political
	Judicial Reception Expenses	5		•	contributions Intended
Date	Payee Name	····		***	Amount
6/9/2006	Spec's	(\$)			
	Payee address	City;	State:	Zip Code	e \$130.59
•	2410 Smith St	Houston	TX	7700	4100.55
	Purpose of payment (See instructions information regulred)	regarding type of			Reimbursement from political
	Judicial Reception Expenses				contributions Intended
Date	Payee Name		· · · · · · · · · · · · · · · · · · ·	·	Amount
6/26/2006	Balloons and Novelties				(\$)
	Payee address	City:	State;	Zip Code	\$210.87
	11300 Ricecrest St	Houston	тх	77035	
	Purpose of payment (See instructions information required)	regarding type of			X Reimbursement from political
	Parade Expenses				contributions Intended

Austin, Texas 78711-2070

(512) 463-5800

Schedule G Report Total:

1-800-325-8506

\$3,709.54

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

THE INSTRUCTION GUIDE explains how to complete this form.			Total page:	Total pages Schedule G: 4	
FILER NAME	Annise Parker	1		ACCOUNT	# (Ethics Commission filers)
Date 6/27/2006	Payee Name Harry's Restaurant				Amount (\$)
	Payee address 318 Tuam St	City; Houston	State;	Zip Code 77006	\$27.08
	Purpose of payment (See instrinformation required)  Meeting Expenses	uctions regarding type of	•		Reimbursement from political contributions intended